|   |                  |   |                |                     |                                 |                  |        | Application or Docket Number |                        |                 |                |                        |  |
|---|------------------|---|----------------|---------------------|---------------------------------|------------------|--------|------------------------------|------------------------|-----------------|----------------|------------------------|--|
| PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  |                  |   |                |                     |                                 |                  |        |                              |                        |                 | 1990830        |                        |  |
| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |                  |   |                |                     |                                 |                  |        | SMALL<br>TYPE                | ENTITY                 | OR              | OTHER<br>SMALL |                        |  |
| TOTAL CLAIMS  |                  |   | 1/2            |                     |                                 |                  |        | RATE                         | FEE                    | 1               | RATE           | FEE                    |  |
| FOR   |                  |   | NUMBER FILED   |                     | NUMBER EXTRA                    |                  |        | BASIC F                      | <b>370.00</b>          | OR              | BASIC FEE      | 740.00                 |  |
| TOTAL CHARGEABLE CLAIMS   |                  |   | y 2 minus 20=  |                     | • 22                            |                  |        | X\$ 9=                       |                        | OR              | X\$18=         | 396                    |  |
| INDEPENDENT CLAIMS  |                  |   | y minus 3 =    |                     | • /                             |                  |        | X42=                         |                        | OR              | X84=           | 64                     |  |
| MU  | LTIPLE DEPEN     | DENT CLAIM PF                             | RESENT         |                     |                                 |                  |        | +140=                        |                        | OR              | +280=          | 07                     |  |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |                  |   |                |                     |                                 |                  |        | TOTAL                        |                        | OR              | TOTAL          | 1220                   |  |
| CLAIMS AS AMENDED - PART II  OTHER:  CLAIMS AS AMENDED - PART II  OTHER:  Cotumn 1) (Cotumn 2) (Cotumn 3) SMALL ENTITY OR SMALL E |                  |   |                |                     |                                 |                  |        |                              |                        |                 | THAN           |                        |  |
| AMENDMENT A   | 6 06             | CLAIMS REMAINING AFTER AMENDMENT          |                | HIG<br>NUM<br>PREVI | HEST<br>IBER<br>OUSLY<br>FOR    | PRESENT<br>EXTRA |        | RATE                         | ADDI-<br>TIONAL<br>FEE |                 | RATE           | ADDI-<br>TIONAL<br>FEE |  |
|   | Total            | . 42                                      | Minus          | 4                   | 12                              | =                |        | X\$ 9=                       |                        | OR              | X\$18=         |                        |  |
|   | Independent      | • 4                                       | Minus          |                     | 4                               | •                |        | X42=                         |                        | l <sub>or</sub> | X84=           |                        |  |
| ۷   | FIRST PRESE      | NTATION OF MI                             | ULTIPLE DE     | PENDEN              | TCLAIM                          |                  | ]      | .140                         | 1                      | 1               | +280=          |                        |  |
| +140=<br>TOYAL  |                  |   |                |                     |                                 |                  |        |                              |                        | OR              | TOTAL          |                        |  |
| (Column 1) (Column 2) (Column 3)  |                  |   |                |                     |                                 |                  |        | ADDIT. FEE OR ADDIT. FEE     |                        |                 |                |                        |  |
|   | 6                | (Column 1)                                |                | HIG                 | HEST                            | (Column 3)       | ት      |                              | ADDI-                  | 1               |                | ADDI-                  |  |
| AMENDMENT 8   |                  | REMAINING<br>AFTER<br>AMENDMENT           |                | PREV                | MBER<br>10USLY<br>DFOR          | PRESENT<br>EXTRA |        | RATE                         |                        |                 | RATE           | TIONAL<br>FEE          |  |
|   | Total            | . 42                                      | Minus          | 44                  | 42                              | -                |        | X\$ 9:                       | •                      | OR              | XS28P          |                        |  |
| AME   | Independent      | • 4                                       | Minus          |                     | 4                               | •                | ]      | X42=                         |                        | OR              | V42-20         |                        |  |
| <b>L</b>  | FIRST PRESE      | NTATION OF M                              | ULI IPLE DE    | PENDER              | II COAIN                        |                  | J      | +140                         | •                      | OR              | +280=          |                        |  |
|   |                  |   |                |                     |                                 |                  |        | TOT<br>ADDIT. F              |                        | OR              | TOTAL          |                        |  |
|   |                  | (Column 1)                                |                | (Coli               | umn 2)                          | (Column 3        | 3)     | ADU. 1                       |                        | -               | 70511.1 CE     | `                      |  |
| AMENDMENT C   |                  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIC<br>NU<br>PREV   | HEST<br>MBER<br>NOUSLY<br>D FOR | PRESENT<br>EXTRA |        | RATE                         | ADDI-<br>TIONAL<br>FEE |                 | RATE           | ADDI-<br>TIONAL<br>FEE |  |
|   | Total            | •   | Minus          | **                  |                                 | 2                |        | X\$ 9:                       |                        | OR              | X\$18=         |                        |  |
|   | Independent      | •   | Minus          | ***                 |                                 | ·                |        | X42=                         |                        | OR              | You            |                        |  |
| Ľ   | FIRST PRESE      | NTATION OF M                              | ULTIPLE DE     | PENDE               | NT CLAIR                        | 4 0              | J      | -                            |                        | 1               | <u> </u>       |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "O" in column 3.   |                  |   |                |                     |                                 |                  |        |                              |                        | OR              | TOTAL          | ļ                      |  |
| "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE                                |                  |   |                |                     |                                 |                  |        |                              |                        | JOR             | ADDIT. FEE     |                        |  |
|   | The "Highest Nur | nber Previously Pa                        | id For" (Total | or Indeper          | ndent) is th                    | e highest num    | ber fr | ound in the                  | appropriate b          | ox in c         | olumn 1.       | ı                      |  |